



Selective Service System

National Headquarters / Arlington, Virginia 22209-2425

<http://www.sss.gov>

SELECTIVE SERVICE RECORDS YEAR OF BIRTH PRIOR TO 1960

Please provide the following information as it pertains to the registrant and mail this form together with any attachments to the address listed above.

Name of Registrant: _____

(Last)

(First)

(Middle)

Selective Service Number, if known: ____ - ____ - ____ - ____

Date of Birth: _____

Home address at time of registration: _____
(Street Address)

(City)

(County)

(State)

Place of registration, if known: _____
(Street Address)

(City)

(County)

(State)

Documents needed: Registration Card _____ Classification Record _____

Registrant's Signature: _____
(If deceased, please provide proof of death)

Your telephone number: _____

Address where records should be mailed:

You should receive a response from us within four to six weeks after receipt of the above information.